



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY

United States Army Garrison-Hessen

Unit 20193 Box 0001

APO AE 09165-0001

IMEU-HAN-ZA

4 October 2005

MEMORANDUM FOR

USAG-Hessen Hanau Community BASOPs Manager, (IMEU-HAS-ZB) APO AE 09165
USAG-Hessen Wiesbaden, Tailored Garrison Commander, (IMEU-WSB-ZA) APO AE 09096
USAG-Hessen Baumholder, Tailored Garrison Commander, (IMEU-BMH-ZA) APO AE 09034
USAG-Hessen Giessen, Tailored Garrison Commander, (IMEU-GSS-ZA) APO 09169

SUBJECT: Standard Operating Procedure for Conducting Financial Liability Investigations of Property Loss.

1. REFERENCES:

- a. USAREUR Regulation 690-62, US Forces Claims Against Local National Employees in Germany, 9 July 1987.
- b. DA PAM 735-5, Survey Officer's Guide, 1 March 1997.
- c. DoD Financial Management Regulation Volume 12, Chapter 7, Financial Liability for Government Property Lost, Damaged or Destroyed, April 1998.
- d. Title 41, Volume 2, Chapter 101, Part 39, Code of Federal Regulations, Interagency Fleet Management System, 6 June 2003.
- e. 10 USC Sec. 2775, Liability of Members of Family Housing, 6 January 2003.
- f. AR 735-5, Policies and Procedures for Property Accountability, 28 February 2005.
- g. USAG Hessen, Standard Operating Procedures for Collecting Funds for Loss, Damage, or Destruction to Government Property, 2005.

2. APPLICABILITY: This standard operating procedure (SOP) applies to all personnel assigned to the USAG Hessen Directorates and its subordinate Garrisons.

3. PURPOSE: To establish policies and procedures for conducting Financial Liability Investigations of Property Loss (FLIPL).

4. This SOP outlines the general responsibilities of all involved with FLIPL and basic procedures for completing required forms.

5. RESPONSIBILITIES:

a. Initiator (will):

(1) Be the accountable officer, primary hand receipt holder or person with most knowledge of the Loss, Damage or Destruction (LDD) to government property.

(2) Initiate and submit DD Form 200, FLIPL, to the FLIPL manager for review and approval within 7 days following the discovery of the LDD of U.S. Government Property.

(3) Ensure an inquiry/investigation number is assigned to the FLIPL before a document number is assigned by the property book office (PBO).

(4) Ensure all investigations for leased property have the word "leased" placed in block 7 and block 8 left blank on DD Form 200.

b. Accountable officer (will):

(1) Only assign a document number to a FLIPL when the property is lost or destroyed and after it has been assigned an inquiry/investigation number by the FLIPL manager. In all other cases he/she will only verify that all information in blocks 4-8 are accurate.

(2) Assign a document number to a FLIPL and forward it to the FLIPL manager within 1 day of receipt.

c. FLIPL manager (will):

(1) Be located in the Directorate of Logistics.

(2) Ensure all DD Form 200s and DA Form 7531s are properly initiated before accepting them.

(3) Assign an inquiry/investigation number to a FLIPL immediately after having accepted the document from the initiator (must be submitted to the appointing authority within 15 days following the discovery of the LDD of U.S. Government property).

(4) Have primary oversight and responsibility of the FLIPL after it has been assigned the inquiry/investigation number.

(5) Inform the FLIPL investigating officer of his/her duties after officer has been assigned to investigate the FLIPL.

(6) Monitor the FLIPL closely through the use of a checklist/tracking document (DA Form 7531) and a register (DA Form 1659).

- (7) Emphasize the importance of processing times to the chain of command.
 - (8) Educate personnel on how to process forms, document, and thoroughly track all FLIPLs through the process.
 - (9) Ensure that a reasonable attempt has been made to complete the FLIPL within 75 days following the discovery of the LDD and will use the time lines identified in ref f., Figure 13-2 and/or Enclosure 10 below.
 - (10) Thoroughly brief the financial liability officer his/her responsibilities and direct the officer to the Office of Staff Judge Advocate (OSJA) for an additional briefing on legal requirements.
 - (11) Proof read the financial liability officer's submission, to include exhibits, ensuring document is in a format acceptable for viewing by the appointing/approving authority.
 - (12) Provide guidance and direction to all persons involved in the process.
 - (13) Notify individual(s) being charged for LDD to U.S. Government Property with memorandum to assess liability received from the approving authority. He/she will provide a letter of relief of responsibility to individual(s) when the approving authority decides to relieve individual(s) from financial liability. (Use a DA Form 200 when hand delivering a memorandum, or if mailing, send memorandum certified return receipt.)
 - (14) Complete any required documentation to collect debt when financial liability has been assessed against a respondent involved in an investigation (See ref g.).
 - (15) File and store FLIPL, for a minimum of 2 years, upon any determination made to finalize and close out FLIPL.
- d. Adjutant (will):
- (1) Be the liaison for the FLIPL process.
 - (2) Select a financial liability officer as directed by the appointing authority.
 - (3) Will ensure a reasonable attempt is made to expedite the routing of FLIPL so as to help each responsible person in the process meet the timelines established IAW ref f., Figure 13-2 and/or Enclosure 10.
- e. Financial liability officer (will):

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(1) Ensure FLIPL is completed within 30 days of being appointed in writing as Financial Liability Officer (counts toward the 40 days investigation and recommendation process IAW ref f., Figure 13-2 and/or Enclosure 10).

(2) Receive briefing first from the FLIPL manager and then from Office of Staff Judge Advocate (OSJA) upon receiving appointment to investigate LDD to U.S. Government property.

(3) Follow ref a., ref b., and ref f. closely to ensure that the FLIPL investigation is conducted IAW regulations.

(a) Place facts in chronological order (be sure to answer the following questions: who, what, when, where, how).

(b) Identify: Responsibility, Culpability (not negligent, simple negligence, gross negligence, and willful misconduct), Proximate cause, Damage, and Recommendation (See Enclosure 2 and 3 for example).

(4) Seek OSJA legal review for any recommendation being made, if desired or necessary, before forwarding to the appointing authority.

(5) Notify respondent(s) involved through memorandum, certified return receipt if mailing, if intent is to hold individual(s) financially liable.

(6) Obtain all supporting documentation crucial to the investigation, i.e. sworn statements, military police reports, SF91s, and ECOD estimates, etc.

(7) Reconsider his/her decision upon review of a respondent's rebuttal if evidence is presented which conflicts with previous decision made.

(8) Forward FLIPL to the appointing authority if respondent fails to return a rebuttal within the allotted time IAW ref f., paragraph 13-35 and will reconsider his/her decision and forward the late rebuttal received if it arrives after FLIPL is forwarded to appointing authority.

f. Appointing authority (will):

(1) Ensure FLIPL is completed within the 40 day time constraint identified for the investigation and recommendation process IAW ref f., Figure 13-2 and/or Enclosure 10.

(2) Complete all portions of FLIPL as required IAW ref f.

(3) Ensure FLIPL is forwarded to adjutant's office for assignment of a financial liability officer if abuse is evident or suspected and an investigation is warranted. Otherwise, after making recommendation, forward to the approving authority for final decision.

(4) Approve/disapprove financial liability officer's findings and recommendations and make any recommendations or comments before forwarding FLIPL to approving authority for final approval.

(5) Make certain the OSJA has reviewed all documentation, if necessary, and that all corrections are made before making any final decisions and/or before submitting final document to the approving authority.

g. Approving authority (will):

(1) Ensure FLIPL is completed within the 20 days adjudication process time specified IAW ref f., Figure 13-2 and/or Enclosure 10.

(2) Ensure OSJA has reviewed all documentation, if necessary, before making any final decisions on the FLIPL.

(3) Ensure corrective actions are taken before taking final action to assess financial liability if OSJA determines the FLIPL is not legally sufficient.

(4) Complete all portions of the FLIPL as required IAW ref f.

(5) Forward to FLIPL manager upon determination to assess financial liability or relieve individuals(s) from financial liability.

(6) Ensure memorandum to assess financial liability has been completed, if assessing liability, prior to forwarding back to FLIPL manager.

h. Office of Staff Judge Advocate (will):

(1) Brief the financial liability officer his/her responsibilities in regards to legal requirements after having been given a pre-brief by the FLIPL manager.

(2) Provide a written opinion as to the legal sufficiency of the financial liability investigation of property loss. If it is the legal advisor's opinion that the financial liability investigation of property loss is not legally sufficient, the opinion will state the reasons why and make appropriate recommendations. The opinion will be attached to the financial liability investigation of property loss prior to the approving authority's review and decision.

(3) Assign a separate legal advisor, other than the one who advised the respondent in the preparation of the respondent's rebuttal statement, to perform the legal review required by the appointing/approving authority.

(4) Complete the legal review of the FLIPL within the 20 day adjudication timeline established IAW ref f., Figure 13-2 and/or Enclosure 10.

i. Respondent/individual being assessed financial liability (will):

(1) Complete all portions of the FLIPL as required IAW ref f.

(2) Be afforded the opportunity to submit a rebuttal statement, additional documentation, and to have a statement of evidence considered and attached to the FLIPL for consideration by higher authority (must submit rebuttal within 7 days “if hand delivered, 15 days “unavailable in country” from the date of mailing, or 30 days “unavailable and out of country” from the date of mailing, IAW ref f., paragraph 13-35).

(3) (Or may): obtain free legal advice from the servicing OSJA (Normally free to D.A. civilians and military personnel only).

(4) (Or may): request reconsideration of the assessment of financial liability based on legal error; request a hearing concerning the amount of the debt or the terms of any proposed repayment schedule (civilian employees only); request remission or cancellation of the indebtedness (enlisted personnel only); request extension of the collection period.

(5) Be given 30 calendar days from the date of mailing the decision to assess financial liability before collection efforts may begin for LDD.

* Time used to notify respondent/individuals of the investigating officer or appointing authority’s recommendation to assess financial liability and the approving authority’s decision to assess financial liability is not counted toward the 75 days allotted for processing the FLIPL.

6. Samples of FLIPL (4 common types):

a. Property Book Related items with LDD (See Enclosure 2).

b. Leased Property with LDD IFMS (See Enclosure 3).

c. Leased Property with LDD to Non-IFMS related items e.g. copy machines (Encl 4).

d. Real Property (fire, damage to government quarters, etc.)(Encl 5).

7. FORMS:

a. DD Form 200 (Encl 6):

(1) TMP managers will initiate all FLIPLs for vehicle accidents (IFMS and remnant fleet vehicles).

(2) No FLIPL will be delayed as a result of not having an estimated cost of damage (ECOD) from a repair shop. An estimated ECOD will be utilized in the event this occurs and it

will be the responsibility of the investigating officer to ensure a more accurate and documented cost of damage has been provided.

(3) Blocks 1, 3-9, and block 11 will be completed by the initiator (Refer to ref f. for more guidance.).

(4) Block 2 will be completed by the FLIPL manager (Refer to reference f. for more guidance).

(5) Block 10 will be completed by the FLIPL manager, commander, accountable officer, or investigating officer. If received by FLIPL manager without comments in this block, enter a similar statement, "To be determined."

(6) Block 12 will not be used, complete this block only when directed to.

(7) Block 13 is to be completed, in different phases, by the appointing authority (Refer to reference f. for more guidance).

(8) Block 14 is to be completed by the approving authority upon conclusion of the investigation, for instances where assessment of liability is being considered, and after having been through a legal review (Refer to reference f. for more guidance).

(9) Block 15 is to be completed accurately by the financial liability investigating officer or the appointing authority. Ensure 15a is completed in detail so as to properly identify Responsibility, Culpability (not negligent, simple negligence, gross negligence, or willful misconduct), Proximate cause, Damage, and Recommendation). Answer the following questions: who, what, when, where, how and/or any other information vital to determining responsibility for the LDD (Refer to ref f. for more guidance).

(10) Block 16 is to be completed by the individual being charged (Refer to ref f. for more guidance).

(11) Block 17 is to be completed by the accountable officer/PBO if the item is lost or destroyed and is a property book item or a leased item (IFMS vehicles not included) that needs a document number from the accountable officer. Otherwise, it is not necessary for the accountable officer to have access to the document (a simple confirmation of NSN, Item Description, Quantity, unit cost, and total cost is all that needs to be confirmed by the PBO) (Refer to ref f. for more guidance).

(12) Specific guidance on FLIPL investigations involving damaged leased and non-leased property:

(a) Enter the item description and then the ECOD in parenthesis in block 5. If you have more than one damaged item that is not of the exact same item description and ECOD, or if you

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need additional space, list each additional item on a continuation sheet and label the continuation sheets as an exhibit to the DD Form 200 (Example: “(See continuation sheet Exhibit A)”). See reference f., pg 57, Figure 13-5 for an example of a continuation sheet.

(b) Block 6 (Quantity): Enter the quantity of the item(s) listed in block 5.

(c) Block 7 (Unit Cost): Enter “LEASED” for leased property and leave blank for non-leased property.

(d) Block 8 (Total Cost): Leave blank (if no continuation sheets are used the entry in block 5 will be the grand total of the item(s) being investigated).

(e) The grand total will be the sum of each item in the total column listed on the continuation sheets and in block 5 of the front page of the DD Form 200 block 8.

b. DA Form 7531 (Encl 7):

(1) Strike through the word accountable officer in section 1 (top section of the form), place the word initiator, and then the initiator’s name.

(2) In section 2, (top section of the form) strike through the word approving authority, replace with appointing authority and then his or her name.

(3) Replace section 4 (top section of the form) with the same as (2) above.

(4) The TMP manager and/or the initiator will complete section “(A)” to the best of his/her ability.

(5) The remaining sections are self explanatory; ensure the checklist is completed throughout the process.

c. DA Form 1659 (Encl 8):

(1) Only one official internal and external register will be maintained in the FLIPL manager’s office for each fiscal year (FY).

(2) The internal register will be kept up to date and accurate at all times, in chronological format, and will reflect current processing times. Processing time is computed by calculating the time that transpired between the date the loss was discovered and the date the FLIPL was approved (ensure time used to notify respondent/individuals is subtracted from processing time).

(3) Ensure all current FY registers are submitted to the USAG Hessen FLIPL manager’s office by the 5th of every month. Include the current FY internal and external register. Also

include the previous FY internal and external register only if the register is not closed out and/or was not previously submitted the last month it was closed out.

8. Prior to submitting FLIPL to OSJA for review ensure:

- a. All required documentation is present.
- b. Exhibits are properly labeled.
- c. All blocks are filled out correctly.
- d. A clear cut statement is made in blocks 13b, 15a, or 14b as to what action is being taken.
- e. All blocks are completely and accurately filled out on DD Form 200 and DA Form 7531.
- f. Financial liability officer and appointing authority's findings and recommendations are clearly stated (Encl 2/3).

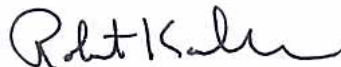
9. Sample Exhibit Label (Encl 9).

10. Time segments for processing FLIPL (See ref f., Figure 13-2 and/or Encl 10).

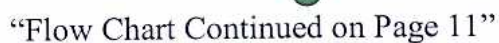
11. The point of contact for this SOP is James Leinberger at DSN 322-8402, CIV 06181-88-8402, or E-mail at james.leinberger@104asg.army.mil.

10 Encls

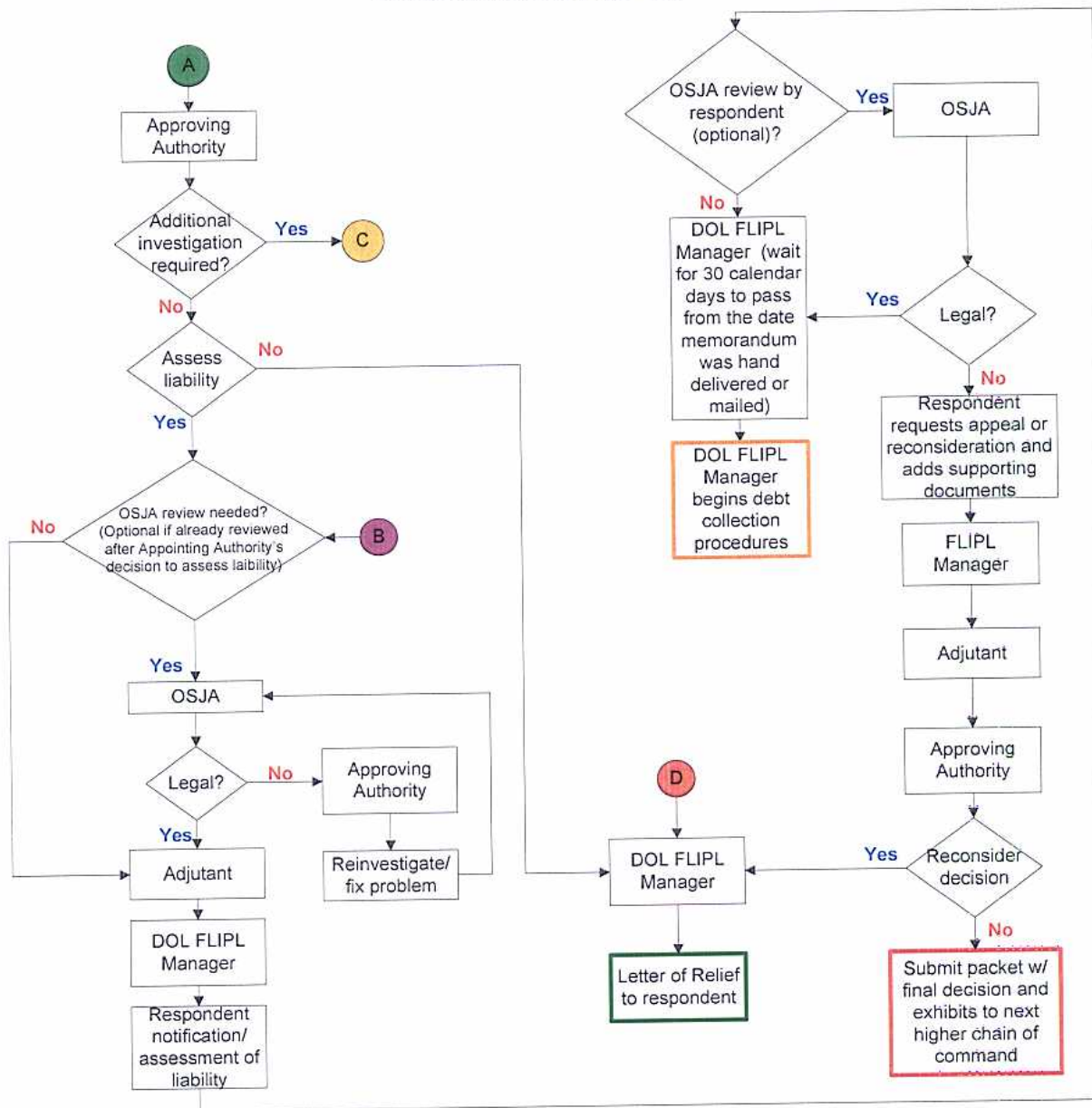
1. FLIPL Processing Steps
2. DD Form 200 PBO items w/LDD
3. DD Form 200 Leased items w/LDD IFMS
4. DD Form 200 Leased property w/LDD to non-IFMS items
5. DD Form 200 Real property
6. DD Form 200
7. DA Form 7531
8. DA Form 1659
9. Sample Exhibit Label
10. Processing Timeline



ROBERT KANDLER
Deputy to the Commander



“Continued from Page 10.”



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FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS					
<p align="center">PRIVACY ACT STATEMENT</p> <p>AUTHORITY: 10 USC 2775; DoD Directive 7200.11; EO 9397.</p> <p>PRINCIPAL PURPOSE(S): To officially report the facts and circumstances supporting the assessment of financial charges for the loss, damage, or destruction of DoD-controlled property. The purpose of soliciting the SSN is for positive identification.</p> <p>ROUTINE USE(S): None.</p> <p>DISCLOSURE: Voluntary; however, refusal to explain the circumstances under which the property was lost, damaged, or destroyed may be considered with other factors in determining if an individual will be held financially liable.</p>					
1. DATE INITIATED (YYYYMMDD) 2006/07/25		2. INQUIRY/INVESTIGATION NUMBER YK-06-01		3. DATE LOSS DISCOVERED (YYYYMMDD) 2006/07/20	
4. NATIONAL STOCK NO. MCN7021-01-V91-3193	5. ITEM DESCRIPTION Dell Latitude C840 P4 Laptop Serial#: 5POJT21		6. QUANTITY 1	7. UNIT COST 2,817.00	8. TOTAL COST 2,817.00
9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS (X one) (Attach additional pages as necessary)			<input checked="" type="checkbox"/> LOST	<input type="checkbox"/> DAMAGED	<input type="checkbox"/> DESTROYED
<p>Prior to going on leave in July I accounted for the laptop in question. On or about 20 July 2005, while I was on leave in South Carolina, I checked my work e-mail account and discovered a new e-mail notifying me that the laptop computer.....(See Exhibit A).</p>					
10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES (Attach additional pages as necessary)					
To be determined.					
11. INDIVIDUAL COMPLETING BLOCKS 1 THROUGH 10					
a. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code) USAG Hessen, IMEU-HAN-LG, Hanau, Germany, Unit 20193, Box 0099, APO AE 09165			b. TYPED NAME (Last, First, Middle Initial) Works, John		c. DSN NUMBER 322-8743
			d. SIGNATURE <i>John Works</i>		e. DATE SIGNED 25 July 2006
12. (X one) a. NEGLIGENCE OR ABUSE EVIDENT? SUSPECTED (X one) YES NO b. COMMENTS/RECOMMENDATIONS c. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code) d. TYPED NAME (Last, First, Middle Initial) e. DSN NUMBER f. SIGNATURE g. DATE SIGNED					
13. APPOINTING AUTHORITY					
a. RECOMMENDATION (X one) <input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		b. COMMENTS/RATIONALE See Exhibit L attached.		c. FINANCIAL LIABILITY OFFICER APPOINTED (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code) USAG Hessen, IMEU-HAN-ZB, Yorkhof Kaseme, Germany, Bldg 1202, Chemnitz Str. 1, 63452 Hanau		e. TYPED NAME (Last, First, Middle Initial) Kandler, Robert		f. DSN NUMBER 322-1310	
		g. SIGNATURE <i>Robert Kandler</i>		h. DATE SIGNED 22 August 2006	
14. APPROVING AUTHORITY					
a. RECOMMENDATION (X one) <input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		b. COMMENTS/RATIONALE All concerned are relieved from financial liability for the LDD of the property listed on this financial liability investigation of property loss.		c. LEGAL REVIEW COMPLETED IF REQUIRED (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code) USAG Hessen, IMEU-HAN-ZA, Yorkhof Kaseme, Germany, Bldg 1202, Chemnitz Str. 1, 63452 Hanau		e. TYPED NAME (Last, First, Middle Initial) Williams III, Herman		f. DSN NUMBER 322-1300	
		g. SIGNATURE <i>Herman Williams III</i>		h. DATE SIGNED 22 August 2006	

DD FORM 200, OCT 1999

PREVIOUS EDITION IS OBSOLETE.

Enclosure 2: Sample DD Form 200 - Property Book Related items with LDD (Page 1 of 2).

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15. FINANCIAL LIABILITY OFFICER		
a. FINDINGS AND RECOMMENDATIONS (Attach additional pages as necessary)		
1. Place facts in chronological order (Be sure to answer the following questions: who, what, when, where, and how).		
2. Identify: Responsibility, Culpability (not negligent, simple negligence, gross negligence, willful misconduct), Proximate Cause, Damage, and Recommendation.		
<p>Example:</p> <p>Responsibility: John Works, GS-9, is the primary hand receipt holder and was responsible for the missing Dell Laptop listed in Block 5 of this form at the time of its disappearance. Michelle Roberts, GS-9, was last with the laptop.</p> <p>Culpability: John Works was not negligent and Michelle Roberts demonstrated simple negligence because of the following reasons: The findings show that prior to going on leave John Works verified the laptops presence in the Command conference room and had two witnesses present while doing so, Jessica Stevens and Mike Anderson. The laptop was placed under the care of his section during John Works' leave period. On 20 July 2006, just prior to the beginning of staff call, Michelle Roberts was setting up the laptop and projector in the Command conference room when she left to answer a phone call. She, through simple negligence violated her duty to care for the laptop. Upon her return she said the laptop was missing. Witness statements (See exhibit E and F) reveal that at the time of the disappearance there was a suspicious individual seen exiting the conference room with an object about the size and color of the laptop.</p> <p>Proximate Cause: Michelle Roberts walking away from the Command conference room, leaving the laptop unattended, was the proximate cause of the loss of the laptop in question (See exhibits B-K).</p> <p>Damage: Due to the negligence of Michelle Roberts the computer was lost.</p> <p>Recommendation: It is my recommendation that John Works, GS-9, SSN 565-98-0987, 1/12 of his annual pay is \$3,232, and Michelle Roberts, GS-9, SSN 545-98-9987, 1/12 of her annual pay is \$3,232, should be relieved of responsibility for the loss of the Dell laptop and be counseled on safer ways to safe guard property. Damages as a result of the incident will reflect a loss of \$2,817.00 to the organization.</p>		
b. DOLLAR AMOUNT OF LOSS \$2,817	c. MONTHLY BASIC PAY \$3,232	d. RECOMMENDED FINANCIAL LIABILITY \$0
e. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code) USAG Hessen, IMEU-HAN-AO, Yorkhof Kaserne, Germany, Bldg 1203, Chemnitz Str. 1, 63452 Hanau	f. TYPED NAME (Last, First, Middle Initial) Stevens, Mark h. DATE REPORT SUBMITTED TO APPOINTING AUTHORITY (YYYYMMDD) 20060820 j. SIGNATURE <i>Mark Stevens</i>	g. DSN NUMBER 322-1345 i. DATE APPOINTED (YYYYMMDD) 20060801 k. DATE SIGNED 20 August 2006
16. INDIVIDUAL CHARGED		
a. I HAVE EXAMINED THE FINDINGS AND RECOMMENDATIONS OF THE FINANCIAL LIABILITY OFFICER AND (X one) <input checked="" type="checkbox"/> Submit the attached statement of objection. <input type="checkbox"/> Do not intend to make such a statement.		
b. I HAVE BEEN INFORMED OF MY RIGHT TO LEGAL ADVICE. MY SIGNATURE IS NOT AN ADMISSION OF LIABILITY.		
c. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code)	d. TYPED NAME (Last, First, Middle Initial)	e. SOCIAL SECURITY NUMBER
f. DSN NUMBER	g. SIGNATURE	h. DATE SIGNED
17. ACCOUNTABLE OFFICER		
a. DOCUMENT NUMBER(S) USED TO ADJUST PROPERTY RECORD WS1WBK-4014-3005		
b. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code) USAG Hessen, IMEU-HAN-LG, Grossauheim Kaserne, Germany, Bldg 12, Haupt Strasse 23, 63459 Grossauheim	c. TYPED NAME (Last, First, Middle Initial) Johnson, Mike, S. e. SIGNATURE <i>Mike S. Johnson</i>	d. DSN NUMBER 322-9475 f. DATE SIGNED 27 July 2006

DD FORM 200 (BACK), OCT 1999

Enclosure 2 (Continued): Sample DD Form 200 - Property Book Related items with LDD (Page 2 of 2).

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SUBJECT: Standard Operating Procedure for Conducting Financial Liability Investigations of Property Loss

FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS					
PRIVACY ACT STATEMENT					
AUTHORITY: 10 USC 2775; DoD Directive 7200.11; EO 9397.			ROUTINE USE(S): None.		
PRINCIPAL PURPOSE(S): To officially report the facts and circumstances supporting the assessment of financial charges for the loss, damage, or destruction of DoD-controlled property. The purpose of soliciting the SSN is for positive identification.			DISCLOSURE: Voluntary; however, refusal to explain the circumstances under which the property was lost, damaged, or destroyed may be considered with other factors in determining if an individual will be held financially liable.		
1. DATE INITIATED (YYYYMMDD) 2005/04/15		2. INQUIRY/INVESTIGATION NUMBER WAAF 05-07		3. DATE LOSS DISCOVERED (YYYYMMDD) 2005/04/12	
4. NATIONAL STOCK NO. N/A	5. ITEM DESCRIPTION Chrysler Cherokee Jeep, USA No. CS7352 2001 Model (ECOD \$1,580.00)	6. QUANTITY 1	7. UNIT COST Leased	8. TOTAL COST N/A	
9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS (X one) (Attach additional pages as necessary) On 14 April 2005, it was reported to me that on 12 April 2005, 1500 hrs, the vehicle described in block 5 above and also referred to in this report as vehicle bumper marking number CS7352 was involved in an accident. Melissa S. Brady, GS-11, assigned to USAG Wiesbaden MWR, Wiesbaden Kaserne, APO AE 09165 was the operator of the vehicle when the accident occurred (See exhibit A)		<input type="checkbox"/> LOST	<input checked="" type="checkbox"/> DAMAGED	<input type="checkbox"/> DESTROYED	
10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES (Attach additional pages as necessary) To be determined.					
11. INDIVIDUAL COMPLETING BLOCKS 1 THROUGH 10					
a. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code) USAG Wiesbaden, WAAF, IMEU-WSB-MWR TMP Unit 29623, APO AE 09096		b. TYPED NAME (Last, First, Middle Initial) Robinson, Joseph		c. DSN NUMBER 322-2300	
		d. SIGNATURE <i>Joseph Robinson</i>		e. DATE SIGNED 15 April 2005	
12. (X one) <input type="checkbox"/> RESPONSIBLE OFFICER (PROPERTY RECORD ITEMS) <input type="checkbox"/> REVIEWING AUTHORITY (SUPPLY SYSTEM STOCKS)					
a. NEGLIGENCE OR ABUSE EVIDENT/ SUSPECTED (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO		b. COMMENTS/RECOMMENDATIONS			
c. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code)		d. TYPED NAME (Last, First, Middle Initial)		e. DSN NUMBER	
		f. SIGNATURE		g. DATE SIGNED	
13. APPOINTING AUTHORITY					
a. RECOMMENDATION (X one) <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		b. COMMENTS/RATIONALE Further investigation is not required. See block 15a for appointing authority recommendation.		c. FINANCIAL LIABILITY OFFICER APPOINTED (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code) USAG Wiesbaden, WAAF, IMEU-WSB-ZB Unit 29623, APO AE 09096		e. TYPED NAME (Last, First, Middle Initial) Jackson, Mike. W.		f. DSN NUMBER 337-1310	
		g. SIGNATURE <i>Mike W. Jackson</i>		h. DATE SIGNED 22 April 2005	
14. APPROVING AUTHORITY					
a. RECOMMENDATION (X one) <input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		b. COMMENTS/RATIONALE To hold Melissa S. Brady, GS-11, 558-98-9087, financially liable in the amount of \$500. Ms. Brady's monthly basic pay at the time of loss was \$4,021.25.		c. LEGAL REVIEW COMPLETED IF REQUIRED (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code) USAG Wiesbaden, WAAF, IMEU-WSB-ZA Unit 29623, APO AE 09096		e. TYPED NAME (Last, First, Middle Initial) Johnson, Mark. A.		f. DSN NUMBER 337-1300	
		g. SIGNATURE <i>Mark A. Johnson</i>		h. DATE SIGNED 29 April 2005	

DD FORM 200, OCT 1999

PREVIOUS EDITION IS OBSOLETE.

Enclosure 3: Sample DD Form 200 - Leased Property with LDD IFMS (Page 1 of 2).

SUBJECT: Standard Operating Procedure for Conducting Financial Liability Investigations of Property Loss

15. FINANCIAL LIABILITY OFFICER		
a. FINDINGS AND RECOMMENDATIONS <i>(Attach additional pages as necessary)</i>		
1. Place facts in chronological order (Be sure to answer the following questions: who, what, when, where, how).		
2. Identify: Responsibility, Culpability (not negligent, simple negligence, gross negligence, willful misconduct), Proximate Cause, Damage, and Recommendation.		
<p>Example:</p> <p>Responsibility: Melissa S. Brady, GS-11, was responsible for damages sustained to the Jeep Cherokee listed in Block 5 of this form and I determine the information contained within these exhibits to be sufficient enough to determine liability without appointing an investigating officer.</p> <p>Culpability: I find, as stated in exhibit G, Military Police Report (DA Form 3975), that the accident was caused as a result of Ms. Melissa S. Brady's failure to yield to the right of way of priority traffic. She, through simple negligence, violated her duty to care for the Jeep Cherokee. Additional supporting documentation for this decision can be found in exhibits H-L, Sworn Statements (DA Form 2823), where all witnesses attest to Ms. Melissa S. Brady proceeding into traffic before it was clear.</p> <p>Proximate Cause: Failing to yield to priority traffic was the proximate cause of the damages sustained to the vehicle Ms. Melissa S. Brady was driving.</p> <p>Damage: Due to her simple negligence Ms. Melissa S. Brady did \$1,580.00 in damage to the vehicle.</p> <p>Recommendation: It is my recommendation that Ms. Melissa S. Brady, 1/12 of her annual pay is \$4,021.25, should be held financially liable in the amount of \$500.00. Ms. Melissa S. Brady's grade now, and at the time of the accident, is GS-11 and her SSN is 558-98-9087.</p>		
b. DOLLAR AMOUNT OF LOSS \$1,580.00	c. MONTHLY BASIC PAY \$4,021.25	d. RECOMMENDED FINANCIAL LIABILITY \$500.00
e. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, Zip Code)</i> USAG Wiesbaden, WAAF, IMEU-WSB-MWR Unit 29623, APO AE 09096	f. TYPED NAME <i>(Last, First, Middle Initial)</i> Brady, Melissa S.	g. DSN NUMBER 337-9872
	h. DATE REPORT SUBMITTED TO APPOINTING AUTHORITY <i>(YYYYMMDD)</i>	i. DATE APPOINTED <i>(YYYYMMDD)</i>
	j. SIGNATURE <i>Melissa S. Brady</i>	k. DATE SIGNED 21 April 2005
16. INDIVIDUAL CHARGED		
a. I HAVE EXAMINED THE FINDINGS AND RECOMMENDATIONS OF THE FINANCIAL LIABILITY OFFICER AND <i>(X one)</i>		
<input type="checkbox"/> Submit the attached statement of objection. <input checked="" type="checkbox"/> Do not intend to make such a statement.		
b. I HAVE BEEN INFORMED OF MY RIGHT TO LEGAL ADVICE. MY SIGNATURE IS NOT AN ADMISSION OF LIABILITY.		
c. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, Zip Code)</i>	d. TYPED NAME <i>(Last, First, Middle Initial)</i>	e. SOCIAL SECURITY NUMBER
f. DSN NUMBER	g. SIGNATURE	h. DATE SIGNED
17. ACCOUNTABLE OFFICER		
a. DOCUMENT NUMBER(S) USED TO ADJUST PROPERTY RECORD		
b. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, Zip Code)</i>	c. TYPED NAME <i>(Last, First, Middle Initial)</i>	d. DSN NUMBER
	e. SIGNATURE	f. DATE SIGNED

DD FORM 200 (BACK), OCT 1999

IMEU-HAN-ZA

SUBJECT: Standard Operating Procedure for Conducting Financial Liability Investigations of Property Loss

FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS					
PRIVACY ACT STATEMENT					
AUTHORITY: 10 USC 2775; DoD Directive 7200.11; EO 9397.			ROUTINE USE(S): None.		
PRINCIPAL PURPOSE(S): To officially report the facts and circumstances supporting the assessment of financial charges for the loss, damage, or destruction of DoD-controlled property. The purpose of soliciting the SSN is for positive identification.			DISCLOSURE: Voluntary; however, refusal to explain the circumstances under which the property was lost, damaged, or destroyed may be considered with other factors in determining if an individual will be held financially liable.		
1. DATE INITIATED (YYYYMMDD) 2005/04/08		2. INQUIRY/INVESTIGATION NUMBER YK-05-05		3. DATE LOSS DISCOVERED (YYYYMMDD) 2005/04/04	
4. NATIONAL STOCK NO. 2320-090-7833		5. ITEM DESCRIPTION Xerox Copy Machine Serial # PJ32456789 (ECOD \$300)		6. QUANTITY 1	7. UNIT COST Leased
8. TOTAL COST		9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS (X one) (Attach additional pages as necessary)		<input type="checkbox"/> LOST	<input checked="" type="checkbox"/> DAMAGED
				<input type="checkbox"/> DESTROYED	
On 6 April 2005 it was reported to me that on 4 April 2005, 1300 hrs, Mr. Steven Jacobson, GS-11, USAG Hessen DOL, Supply and Services, was witnessed slamming the top copier tray very hard on the Hanau Community Xerox copy machine in room 18, Bldg 27, Pioneer Kaserne. The result of this action resulted in the glass copy plate shattering.					
10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES (Attach additional pages as necessary) Corrective action will be based on the outcome of the survey.					
11. INDIVIDUAL COMPLETING BLOCKS 1 THROUGH 10					
a. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code) USAG Hessen, Pioneer Kaserne, IMEU-HAN-IGS Unit 20193, APO AE 09165		b. TYPED NAME (Last, First, Middle Initial) Ericson, Stephanie		c. DSN NUMBER 322-8434	
		d. SIGNATURE <i>Stephanie Ericson</i>		e. DATE SIGNED 8 April 2005	
12. 12. (X one) RESPONSIBLE OFFICER (PROPERTY RECORD ITEMS) REVIEWING AUTHORITY (SUPPLY SYSTEM STOCKS)					
a. NEGLIGENCE OR ABUSE EVIDENT/SUSPECTED (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO		b. COMMENTS/RECOMMENDATIONS			
c. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code)		d. TYPED NAME (Last, First, Middle Initial)		e. DSN NUMBER	
		f. SIGNATURE		g. DATE SIGNED	
13. APPOINTING AUTHORITY					
a. RECOMMENDATION (X one) <input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		b. COMMENTS/RATIONALE See exhibit I attached.		c. FINANCIAL LIABILITY OFFICER APPOINTED <i>ROK, 25 Apr 05</i>	
				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code) USAG Hessen, IMEU-HAN-ZB, Yorkhof Kaserne, Germany, Chemnitz Strasse 1, 63452 Hanau.		e. TYPED NAME (Last, First, Middle Initial) Kandler, Robert		f. DSN NUMBER 322-1310	
		g. SIGNATURE <i>Robert Kandler</i>		h. DATE SIGNED 5 May 2005	
14. APPROVING AUTHORITY					
a. RECOMMENDATION (X one) <input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		b. COMMENTS/RATIONALE To hold Mr. Steven Jacobson, GS-11, 557-53-9827 financially liable in the amount of \$300. Mr. Jacobson's monthly basic pay at the time of loss was \$4,021.25		c. LEGAL REVIEW COMPLETED IF REQUIRED (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code) USAG Hessen, IMEU-HAN-ZA, Yorkhof Kaserne, Germany, Chemnitz Strasse 1, 63452 Hanau.		e. TYPED NAME (Last, First, Middle Initial) Williams III, Herman		f. DSN NUMBER 322-1300	
		g. SIGNATURE <i>Herman Williams III</i>		h. DATE SIGNED 20 May 2005	

DD FORM 200, OCT 1999

PREVIOUS EDITION IS OBSOLETE.

Enclosure 4: Sample DD Form 200 - Sample DD Form 200 - Leased Property with LDD to Non-IFMS Related Items (Page 1 of 2).

IMEU-HAN-ZA

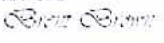
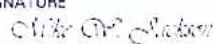
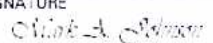
SUBJECT: Standard Operating Procedure for Conducting Financial Liability Investigations of Property Loss

15. FINANCIAL LIABILITY OFFICER		
a. FINDINGS AND RECOMMENDATIONS (Attach additional pages as necessary)		
1. Place facts in chronological order (Be sure to answer the following questions: who, what, when, where, how).		
2. Identify: Responsibility, Culpability (not negligent, simple negligence, gross negligence, willful misconduct), Proximate Cause, Damage, and Recommendation.		
See Example (Enclosure 2 (page 2 of 2) and Enclosure 3 (page 2 of 2))		
b. DOLLAR AMOUNT OF LOSS \$300	c. MONTHLY BASIC PAY \$4,021.25	d. RECOMMENDED FINANCIAL LIABILITY \$300
e. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code) USAG Hessen, IMEU-HAN-PA, Yorkhof Kaserne, Germany, Chemnitz Strasse 1, 63452 Hanau.	f. TYPED NAME (Last, First, Middle Initial) Roberts, James	g. DSN NUMBER 323-3873
	h. DATE REPORT SUBMITTED TO APPOINTING AUTHORITY (YYYYMMDD)	i. DATE APPOINTED (YYYYMMDD)
	j. SIGNATURE <i>James Roberts</i>	k. DATE SIGNED 30 April 2005
16. INDIVIDUAL CHARGED		
a. I HAVE EXAMINED THE FINDINGS AND RECOMMENDATIONS OF THE FINANCIAL LIABILITY OFFICER AND (X one)		
<input checked="" type="checkbox"/> Submit the attached statement of objection. <input type="checkbox"/> Do not intend to make such a statement.		
b. I HAVE BEEN INFORMED OF MY RIGHT TO LEGAL ADVICE MY SIGNATURE IS NOT AN ADMISSION OF LIABILITY.		
c. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code) USAG Hessen, IMEU-HAN-LGS, Unit 20193, Box 0097, APO AE 09165	d. TYPED NAME (Last, First, Middle Initial) Jacobson, Steven	e. SOCIAL SECURITY NUMBER 557-53-9827
f. DSN NUMBER 322-1332	g. SIGNATURE <i>Steven Jacobson</i>	h. DATE SIGNED 2 May 2005
17. ACCOUNTABLE OFFICER		
a. DOCUMENT NUMBER(S) USED TO ADJUST PROPERTY RECORD W81WBK-4024-3009		
b. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code) USAG Hessen, IMEU-HAN-LG, Gorssauheim Kaserne, Germany, Haupt Strasse 23, 63459 Gorssauheim	c. TYPED NAME (Last, First, Middle Initial) Johnson, Mike, S.	d. DSN NUMBER 322-9475
	e. SIGNATURE <i>Mike S. Johnson</i>	f. DATE SIGNED 10 April 2005

DD FORM 200 (BACK), OCT 1999

Enclosure 4 (Continued): Sample DD Form 200 - Leased Property with LDD to Non-IFMS Related Items (Page 2 of 2).

SUBJECT: Standard Operating Procedure for Conducting Financial Liability Investigations of Property Loss

FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS							
PRIVACY ACT STATEMENT <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>AUTHORITY: 10 USC 2775; DoD Directive 7200.11; EO 9397.</p> <p>PRINCIPAL PURPOSE(S): To officially report the facts and circumstances supporting the assessment of financial charges for the loss, damage, or destruction of DoD-controlled property. The purpose of soliciting the SSN is for positive identification.</p> </div> <div style="width: 45%;"> <p>ROUTINE USE(S): None.</p> <p>DISCLOSURE: Voluntary; however, refusal to explain the circumstances under which the property was lost, damaged, or destroyed may be considered with other factors in determining if an individual will be held financially liable.</p> </div> </div>							
1. DATE INITIATED (YYYYMMDD) 2005/06/15		2. INQUIRY/INVESTIGATION NUMBER WAAF-05-09		3. DATE LOSS DISCOVERED (YYYYMMDD) 2005/06/14			
4. NATIONAL STOCK NO. N/A	5. ITEM DESCRIPTION Vandalism 07755 B@, 13 Florida 2, Hainerberg Housing Area (ECOD \$1,000)			6. QUANTITY 1	7. UNIT COST N/A	8. TOTAL COST N/A	
9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS (X one) (Attach additional pages as necessary) On 14 June 2005, Mr. Simpson from the Housing Office inspected the above stated apartment and discovered that the apartment had been broken into. This apartment was recently renovated, released by the contractor, and was vacant at the time of the incident.				<input type="checkbox"/> LOST	<input checked="" type="checkbox"/> DAMAGED	<input type="checkbox"/> DESTROYED	
10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES (Attach additional pages as necessary) To be determined.							
11. INDIVIDUAL COMPLETING BLOCKS 1 THROUGH 10							
a. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code) USAG Wiesbaden, WAAF, IMEU-WSB-PWH Unit 29623, APO AE 09096			b. TYPED NAME (Last, First, Middle Initial) Brown, Brent		c. DSN NUMBER 322-4300		
			d. SIGNATURE 		e. DATE SIGNED 15 June 2005		
12. 12. (X one) RESPONSIBLE OFFICER (PROPERTY RECORD ITEMS) REVIEWING AUTHORITY (SUPPLY SYSTEM STOCKS)							
a. NEGLIGENCE OR ABUSE EVIDENT/ SUSPECTED (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO		b. COMMENTS/RECOMMENDATIONS					
c. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code)		d. TYPED NAME (Last, First, Middle Initial)		e. DSN NUMBER		f. DATE SIGNED	
		f. SIGNATURE					
13. APPOINTING AUTHORITY							
a. RECOMMENDATION (X one) <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		b. COMMENTS/RATIONALE Recommend all persons be relieved of financial liability.			c. FINANCIAL LIABILITY OFFICER APPOINTED (X one) <i>OKCGR</i> , 21 June 05 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code) USAG Wiesbaden, WAAF, IMEU-WSB-ZB Unit 29623, APO AE 09096		e. TYPED NAME (Last, First, Middle Initial) Jackson, Mike, W.		f. DSN NUMBER 337-1310		g. DATE SIGNED 21 June 2005	
		g. SIGNATURE 					
14. APPROVING AUTHORITY							
a. RECOMMENDATION (X one) <input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		b. COMMENTS/RATIONALE I have reviewed the information contained in blocks 9 and 10. No further investigation is required. I do not suspect negligence or willful misconduct. I relieve all concerned from financial liability for the property listed in blocks 4 through 6.			c. LEGAL REVIEW COMPLETED IF REQUIRED (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code) USAG Wiesbaden, WAAF, IMEU-WSB-ZA Unit 29623, APO AE 09096		e. TYPED NAME (Last, First, Middle Initial) Johnson, Mark, A.		f. DSN NUMBER 337-1300		g. DATE SIGNED 24 June 2005	
		g. SIGNATURE 					

DD FORM 200, OCT 1999

PREVIOUS EDITION IS OBSOLETE.

SUBJECT: Standard Operating Procedure for Conducting Financial Liability Investigations of Property Loss

15. FINANCIAL LIABILITY OFFICER			
a. FINDINGS AND RECOMMENDATIONS <i>(Attach additional pages as necessary)</i>			
THIS ENCLOSURE IS INTENTIONALLY LEFT BLANK			
b. DOLLAR AMOUNT OF LOSS		c. MONTHLY BASIC PAY	d. RECOMMENDED FINANCIAL LIABILITY
e. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, Zip Code)</i>		f. TYPED NAME <i>(Last, First, Middle Initial)</i>	
		g. DSN NUMBER	
		h. DATE REPORT SUBMITTED TO APPOINTING AUTHORITY <i>(YYYYMMDD)</i>	
		i. DATE APPOINTED <i>(YYYYMMDD)</i>	j. DATE SIGNED
		k. SIGNATURE	
16. INDIVIDUAL CHARGED			
a. I HAVE EXAMINED THE FINDINGS AND RECOMMENDATIONS OF THE FINANCIAL LIABILITY OFFICER AND <i>(X one)</i>			
<input type="checkbox"/> Submit the attached statement of objection. <input type="checkbox"/> Do not intend to make such a statement.			
b. I HAVE BEEN INFORMED OF MY RIGHT TO LEGAL ADVICE. MY SIGNATURE IS NOT AN ADMISSION OF LIABILITY.			
c. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, Zip Code)</i>		d. TYPED NAME <i>(Last, First, Middle Initial)</i>	
		e. SOCIAL SECURITY NUMBER	
		g. SIGNATURE	
f. DSN NUMBER		h. DATE SIGNED	
17. ACCOUNTABLE OFFICER			
a. DOCUMENT NUMBER(S) USED TO ADJUST PROPERTY RECORD			
b. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, Zip Code)</i>		c. TYPED NAME <i>(Last, First, Middle Initial)</i>	
		d. DSN NUMBER	
		e. SIGNATURE	
		f. DATE SIGNED	

DD FORM 200 (BACK), OCT 1999

Enclosure 5 (Continued): Sample DD Form 200 - Real Property (Page 2 of 2).

SUBJECT: Standard Operating Procedure for Conducting Financial Liability Investigations of Property Loss

FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS			
AUTHORITY: 16 USC 2775; DoD Directive 7200.11; EO 3397		ROUTINE USE: None	
PRINCIPAL PURPOSE(S): To officially report the facts and circumstances supporting the assessment of financial charges for the loss, damage, or destruction of DoD equipment or property. The purpose of initiating the FLI is for positive identification.			
DISCLOSURE: Voluntarily disclosed information or circumstances under investigation, or otherwise may be considered confidential in determining if an individual will be held accountable.			
1. DATE INITIATED	2. UNILY IDENTIFICATION NUMBER	3. DATE LOSS DISCOVERED	
4. NATIONAL STOCK NO. / ITEM DESCRIPTION	5. CIRCUMSTANCES UNDER WHICH PROPERTY WAS (X) LOST (Attach additional pages as necessary)	6. LOSS TYPE	7. UNIT COST
		8. TOTAL COST	9. (00)
10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES (Attach additional pages as necessary)			
11. INDIVIDUAL COMPLETING BLOCKS 1 THROUGH 10			
a. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State, Country, Zip Code)		b. TYPED NAME (Last, First, Middle Initial)	c. DSN NUMBER
d. SIGNATURE		e. DATE SIGNED	
12. RESPONSIBLE OFFICER/PROPERTY RECORD ITEMS: REVIEWING AUTHORITY (SUPPLY SYSTEM ADDRESS)			
a. RECOMMENDATION (X one)		b. COMMENTS/RATIONALE	
c. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State, Country, Zip Code)		d. TYPED NAME (Last, First, Middle Initial)	
e. SIGNATURE		f. DATE SIGNED	
13. APPOINTING AUTHORITY			
a. RECOMMENDATION (X one)		b. COMMENTS/RATIONALE	
c. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State, Country, Zip Code)		d. TYPED NAME (Last, First, Middle Initial)	
e. SIGNATURE		f. DATE SIGNED	
14. APPROVING AUTHORITY			
a. RECOMMENDATION (X one)		b. COMMENTS/RATIONALE	
c. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State, Country, Zip Code)		d. TYPED NAME (Last, First, Middle Initial)	
e. SIGNATURE		f. DATE SIGNED	

Blocks 1, 3-9, and block 11:
Completed by "initiator" (person with most knowledge of the LDD to the government property, responsible officer, or accountable officer.)

Block 2: Completed by "FLIPL manager."

Block 10: Completed by "FLIPL manager, Commander, accountable officer, or investigating officer."

Block 12: Do not complete this block unless otherwise directed.

Block 13: Completed by "appointing authority."

a. Approve or disapprove FLIPL Investigating Officer's recommendation
b. Comments/rational behind decision made
c. If appointing authority is appointing a FLIPL Investigating Officer place an "X" in the block next to yes. If not place an "X" in the block next to no. Initial and date next to "X"
d. Enter the organizational address for the Appointing Authority
e. Enter name of appointing authority
f. Enter DSN number
g. Signature of appointing authority
h. Enter date signed

Block 14: Completed by approving authority.

a. Approve or disapprove appointing authority's decision.
b. Enter comment/rational behind determination of decision.
c. Mark "X" in the block in front of yes if the FLIPL has been through a legal review. Mark "X" in the block in front of "no" if no legal review was given and an "X" in front of N/A if a legal review was not required.
d. Enter the organizational address for the approving authority.
e. Enter name of approving authority
f. Enter DSN number
g. Signature of approving authority
h. Enter Date

SUBJECT: Standard Operating Procedure for Conducting Financial Liability Investigations of Property Loss

a. Enters document number.
b-f. Self explanatory.

SUBJECT: Standard Operating Procedure for Conducting Financial Liability Investigations of Property Loss

CHECKLIST AND TRACKING DOCUMENT FOR FINANCIAL LIABILITY INVESTIGATIONS OF PROPERTY LOSS <small>For use of this form, see AR 735-5; the proponent agency is DCS, G-4.</small>			
To: <u>Accountable Officer</u> 1. Initiator - Juergen Koch, C-7, Chief TMP Hanau			
To: <u>Approving Authority</u> 2. Appointing Authority - Robert Kandler, GS-15, Deputy Garrison Commander			
To: Financial Liability Officer 3. Mike Stevenson, GS-13, Logistics Management Specialist			
To: <u>Approving Authority</u> 4. Appointing Authority - Robert Kandler, GS-15, Deputy Garrison Commander			
To: Staff Judge Advocate 5. Stephen Barlow			
To: Approving Authority 6. Herman Williams III, COL, MP, Commanding			
(A) Complete When a Loss is Discovered Date loss was discovered <u>2005/07/07</u> Originating Unit <u>414th BSB, DOL, TMP</u> Preliminary search for item began <u>N/A</u> Preliminary search for item ended <u>N/A</u> Date assigned document number <u>N/A</u> Date assigned inquiry/investigation number <u>2005/07/09</u>			
(B) Initiator (Blocks 1 and 3 through 11 are completed by the individual initiating the investigation of property loss. Normally this will be the hand receipt holder or the accountable officer. When the hand receipt holder or accountable officer is not available, the person with the most knowledge of the incident causing the loss will initiate the financial liability investigation of property loss.)			
Block 1.	Has the date the investigation of property loss initiated been entered?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Block 3.	Has the date the loss was discovered been entered?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Block 4.	Has the correct stock number(s) been entered? If more than one, use a continuation sheet per figure 13-5. For items with a line item number (LIN), enter the LIN and for those items with a reportable item control code (RICC) of 2, A, B, C or Z, enter the RICC.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Block 5.	Has the correct nomenclature(s) been entered, to include serial numbers if items have serial numbers? For damaged property, enter the cost of repair or the estimated cost of repair if actual cost is not available. Use continuation sheet when the loss to be investigated involves more than one item.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Block 6.	Has the quantity of the item(s) lost, damaged or destroyed been entered? Use continuation sheet when necessary.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Block 7.	Has the unit cost of the item(s) lost, damaged or destroyed been entered? Use continuation sheet when necessary.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Block 8.	Has the total cost of the item(s) lost, damaged or destroyed been entered? Use continuation sheet when necessary.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Block 9.	Has an accurate and concise statement of facts surrounding the loss been entered? Statement should identify as much as possible what happened, how it happened, where it happened, who was involved, when it happened and any evidence of negligence, willful misconduct, or deliberate unauthorized use or disposition of the property.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Block 10.	Has a recommendation been entered by the initiator? Recommendations may be entered by the commander, accountable officer, and when appropriate by the financial liability investigating officer.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Block 11.	Has the individual who completed blocks 1 and 3 through 10, completed blocks 11a through 11e?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Block 12.	Has the responsible officer or the reviewing authority completed blocks 12 through 12g?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Attach the financial liability investigation of property loss to this checklist and tracking document, and forward to the accountable officer or person maintaining the expendable/durable document register for assignment of a document/voucher number.			
(C) Accountable Officer (Block 17 is completed by the accountable officer or person maintaining the expendable or durable document register prior to forwarding the investigation to the appointing authority or approving authority as appropriate.)			

DA FORM 7531, AUG 2004

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Enclosure 7: DA Form 7531 (Page 1 of 4).

SUBJECT: Standard Operating Procedure for Conducting Financial Liability Investigations of Property Loss

Block 17.	Has the accountable officer completed blocks 17a through 17i showing the assignment of a document number or voucher number to the financial liability investigation of property loss for lost and destroyed property? For damaged property, a document number is not assigned.	Yes	No	N/A <input checked="" type="checkbox"/>
(D) Appointing Authority or Approving Authority as Appropriate (Leave blocks 13a and 13d through 13h blank at this time. These blocks are completed after the investigation is completed to show whether the appointing authority approves of the financial liability officer's findings and recommendations. When an appointing authority has not been designated, these blocks will be left blank.)				
Block 13c.	Has the appointing authority or the approving authority as the appropriate completed block 13c indicating whether an financial liability officer is appointed? When a financial liability officer is appointed, use a memorandum as described in figure 13-12; when an AR 15-6 financial liability officer is appointed use, an appointment memorandum in accordance with AR 15-6, paragraph 2-1b.	Yes	<input checked="" type="checkbox"/>	No
(E) Financial Liability Officer (Block 15 is completed by the financial liability officer prior to returning the investigation to the appointing authority or approving authority as appropriate.)				
Block 15a.	The financial liability officer's findings and recommendations are recorded here. In conducting the financial liability investigation of property loss has the financial liability officer--			
	o Scrutinized all available evidence.	Yes	<input checked="" type="checkbox"/>	No
	o Interviewed witnesses and secured statements from individuals concerning. oo The cause of the loss or damage. oo The responsibility for the loss or damage.	Yes	<input checked="" type="checkbox"/>	No
	o Compiled evidence substantiating or refuting any statement in block 9, DD Form 200.	Yes	<input checked="" type="checkbox"/>	No
	o Physically examined the damaged property, when available, and released it for repair or disposal. This should be done on the first day of the financial liability officer's appointment.	Yes	<input checked="" type="checkbox"/>	No
	o Consulted with the appointing/approving authority as appropriate for guidance, when needed.	Yes	<input checked="" type="checkbox"/>	No
	o Determined the amount of damage, if property was damaged. This value may be the actual cost of repairs or an estimated cost of the repairs obtained from technical manuals or other reliable sources. Determine the value of the property immediately before it was damaged if the property is not economically repairable. The accountable officer may be asked to assist if he or she has not been directly involved.	Yes	<input checked="" type="checkbox"/>	No
	o Has action been taken to exercise control over the property recovered during the investigation?	Yes	<input checked="" type="checkbox"/>	No
	o Has the total loss to the government been computed correctly?	Yes	<input checked="" type="checkbox"/>	No
	o Has the financial liability officer coordinated this investigation with the claims investigating officer when the investigation covers the loss, damage or destruction of Government property that is being, has been, or shall be investigated because of attendant events by a claims financial liability officer. This includes cases where military personnel or civilian employees, while driving a privately owned vehicle, damage Government property and have insurance to pay for part of the loss.	Yes	<input checked="" type="checkbox"/>	No
	o Ensured that individuals being recommended for a possible charge of financial liability are aware of their rights.	Yes	<input checked="" type="checkbox"/>	No
	o Request individual(s) to acknowledge their understanding of their rights by completing block 16, DD Form 200.	Yes	<input checked="" type="checkbox"/>	No

SUBJECT: Standard Operating Procedure for Conducting Financial Liability Investigations of Property Loss

	<ul style="list-style-type: none"> o If appropriate, prepare a statement that individual recommended for a charge of financial liability refused to sign block 16g, DD Form 200, after being given the opportunity. oo A full explanation of the person's rights shall be included and a reply shall be requested. oo If the reply is not received within 30 days after the date of mailing, the financial liability officer shall record this fact and take action to complete the DD Form 200. This record of fact shall be included in, or appended to, the DD Form 200. oo Any reply received after the expiration of 30 days shall be forwarded through the same channels as the DD Form 200, form attachment to the original DD Form 200. o Was consideration given to any new evidence received after a recommendation was made? If the financial liability recommendation remains unchanged, the financial liability officer shall note that the added evidence was considered and provide the rationale for not changing the decision. The notation shall be on all copies of the report immediately following the original recommendation. If the financial liability officer makes a change in the original recommendations because of the new evidence, the financial liability officer shall record such change as "Amended Recommendations." These recommendations should be recorded immediately after the original recommendations. 	Yes	<input checked="" type="checkbox"/>	No	N/A
Block 15b.	Has the dollar amount of the loss been entered by the financial liability officer?	Yes	<input checked="" type="checkbox"/>	No	N/A
Block 15c.	When a charge of financial liability is being recommended, has the monthly basic pay of the respondent been entered?	Yes	<input checked="" type="checkbox"/>	No	N/A
Block 15d.	When a charge of financial liability is being recommended, has the recommended amount of financial liability been entered?	Yes	<input checked="" type="checkbox"/>	No	N/A
Blocks 15e-15k.	Self explanatory.	Yes	<input checked="" type="checkbox"/>	No	N/A
On completion of the investigation, the financial liability officer forwards the completed DD Form 200 with all exhibits to the approving authority. When the approving authority has designated an appointing authority, the financial liability officer forwards the completed investigation to the appointing authority.					
(F) Appointing Authority (Block 13 is completed by the appointing authority when one has been designated by the approving authority. When an appointing authority has not been designated, block 13a through b and d through f are left blank.)					
Block 13a.	On completion of the appointing authority's review of the financial liability investigation of property loss, a recommendation is made to either approve or disapprove the financial liability officer's findings and recommendations.	Yes	<input checked="" type="checkbox"/>	No	N/A
Block 13b.	The appointing authority's rationale for the decision reached in block 13a is entered in block 13b.	Yes	<input checked="" type="checkbox"/>	No	N/A
Block 13c.	This block was previously completed, as indicated in (D) above.	Yes	<input checked="" type="checkbox"/>	No	N/A
Blocks 13c-13h.	Self explanatory.	Yes	<input checked="" type="checkbox"/>	No	N/A
On completion of block 13, the financial liability investigation of property loss is either --					
o Returned to the financial liability officer for additional investigation or documentation of findings and recommendation, or					
o Forwarded to the approving authority.					
(G) Approving Authority (This set of blocks is completed by the approving authority to show the approving authority's preliminary decision after the approving authority's initial review of the financial liability officer's findings and recommendations.)					

SUBJECT: Standard Operating Procedure for Conducting Financial Liability Investigations of Property Loss

Block 14a.	On completion of the approving authority's initial review of the financial liability officer's findings and recommendations, has the approving authority indicated his or her approval or disapproval of the financial liability officer's findings and recommendations? <ul style="list-style-type: none"> o If the financial liability officer has recommended that all persons be relieved of responsibility and accountability for the loss and the approving authority agrees with the financial liability officer, the approving authority may approve the financial liability investigation of property loss and close the investigation, per AR 735-5, paragraph 13-39g(3). o If the financial liability officer has recommended that person(s) be charged with financial liability for the loss, and the approving authority agrees with the financial liability officer, the approving authority must forward the financial liability investigation of property loss to the supporting Office of the Staff Judge Advocate for legal review prior to making a final decision, per AR 735-5, paragraph 13-40d. o When the approving authority makes a decision contrary to the recommendations of the investigating officer or AR 15-6 financial liability officer, either to relieve all concerned from financial liability or assess financial liability against a new individual, this decision is entered in block 14a(1) with 	Yes	<input checked="" type="checkbox"/>	No	N/A
Block 14b.	Has the approving authority entered his or her rationale for the initial decision shown in block 14a? When a decision to charge an individual(s) with financial liability, comments should be entered stating who the respondent is and the amount of financial liability to be assessed.	Yes	<input checked="" type="checkbox"/>	No	N/A
Block 14c.	Has the approving authority indicated whether a legal review is necessary? A legal review is required when -- <ul style="list-style-type: none"> o A charge of financial liability is recommended. o The recommendations appear to be inconsistent with the findings. 	Yes	<input checked="" type="checkbox"/>	No	N/A
Blocks 14d-14h.	Self explanatory	Yes	<input checked="" type="checkbox"/>	No	N/A
On completion of block 14, when the approving authority decides to approve a charge of financial liability, he or she must forward the financial liability investigation of property loss to the supporting Office of the Staff Judge Advocate for legal review prior to making the final decision to assess financial liability.					
(H) Staff Judge Advocate When financial liability is recommended, or when recommendations appear to be inconsistent with the financial liability officer's findings, a judge advocate or civilian attorney must review the findings and recommendations and provide an opinion on the adequacy of the evidence and its relationship to the findings and recommendations. This legal review will be attached to the financial liability investigation of property loss as an exhibit. On completion of the legal review, the financial liability investigation of property loss will be returned to the approving authority.					
(I) Approving Authority On receipt of the financial liability investigation of property loss containing a legal review from Staff Judge Advocate, the approving authority will conduct a final review of the financial liability officer's findings and recommendation together with the Staff Judge Advocate's legal review and make a final decision concerning the charge of financial liability. <ul style="list-style-type: none"> o When a decision is reached to charge an individual with financial liability, the approving authority notifies the respondent by memorandum per AR 735-5, paragraph 13-42a. See AR 735-5, paragraph 13-43 addressing actions required when a respondent submits a request for reconsideration. o When a decision is reached to relieve all concerned of accountability and responsibility for the loss, investigation will be closed out per AR 735-5, paragraph 13-40e. 					

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BLZ 501 900 00

Kostenvoranschlag

Datum 19.8.2005

An der Leistung

VEN-Nr. 110704017

Chrysler Neon SE
CT-2823 BN 031
Fahrzeugstellnr. 1C3ESB6CX2D618374
Km-Stand: 43726

Stoßstange vorn komplett abmontieren.
Stoßstange instandsetzen, speichen und lackieren.
Stoßstangenhalterung links aus und einbauen, richten.
Stoßstange vorn mit Kennzeichenhalterung montieren.

1 Kennzeichenhalter
Lock und Schwemmmaterial

307,25

38,15

308,55

725,95

=====

Example of proper exhibit label.

Steuernr. 02282160254

EXHIBIT G, FLIPL (or investigation number), 22 AUGUST 2005, \$500.00, USAG HESSEN DOL

SUBJECT: Standard Operating Procedure for Conducting Financial Liability Investigations of Property Loss

**Investigation of Property Loss
Time Segments
With Appointing Authority**

